

AMEN-Israel Myeloma Association CONTACT SHEET

Shalom

A group of founders are now establishing an association (AMEN) which is meant to benefit the welfare of myeloma patients in Israel, improve quality of life, centralize information on the disease, treatments, meds and research etc as well as suggestions for treatment via a vis support agencies like Bituah Leumi [Social Security], insurance companies, various rights etc, as well as other subjects which will help the patient and family members get through a difficult period of adaptation and the establishment of a viable quality of life in light of the new situation they face.

In short order our Hebrew language website which will have medical info and more will be up and will be a home to the myeloma family, a place from which to learn, to which to write, through which to ask, recommend and get updates.

In order to reach each patient of the myeloma family with support and information, we ask you to contact us by sending us the attached form after completing all the details. All details sent will be maintained for our contact purposes and will not be passed on to any other cause without authorization.

Much health---from the staff of the Association

Address for mail: POB 2020 Savyon Zip 56514

email :yigaltim@netvision.net.il

Contact people: Mati Raviv 052 258 7612 Zipy Farber 052 396 1210

[from overseas drop the 0 in the prefix and add 972]

mati-r@013.net.il

zipyfarb@netvision.net.il

fax 03 504 7971

fax 03 649 8656

Details

Last name _____ First name _____ M/F ID# _____

Address _____

Date of birth _____ Medical Center _____

Tel # _____ Mobile _____ Fax _____

Note if you wish to help the association and if so in what area (mark with X)

Active on the board of the association

Active as requested by the association

Help raise money for association activities

PR to get signed pledges

Personal financial donation

Writing or editing the association bulletin or participation in translation and distribution of professional flyers [brochures/material] (with participation of doctors)

Other (please detail) _____

Note: _____

Signature: _____